Lisbon Addictions 2022

Drug-related deaths among young people: a social, structural and systems autopsy.

Aileen O'Gorman
Professor of Substance Use and Social Policy

Background

- Scotland has the highest rate of drug-related deaths (DRD) in Europe.
- Deaths are contextualised by high levels of social and health inequalities
- Policy discourses focuses on the substances implicated in deaths.
- Yet, drug use problems are constructed and embedded within broader social, structural and systems contexts and risk environments.

Annual drug-related deaths in Scotland since 1996

How the total number of drug-related deaths has changed over the years. Hover over to see exact numbers.

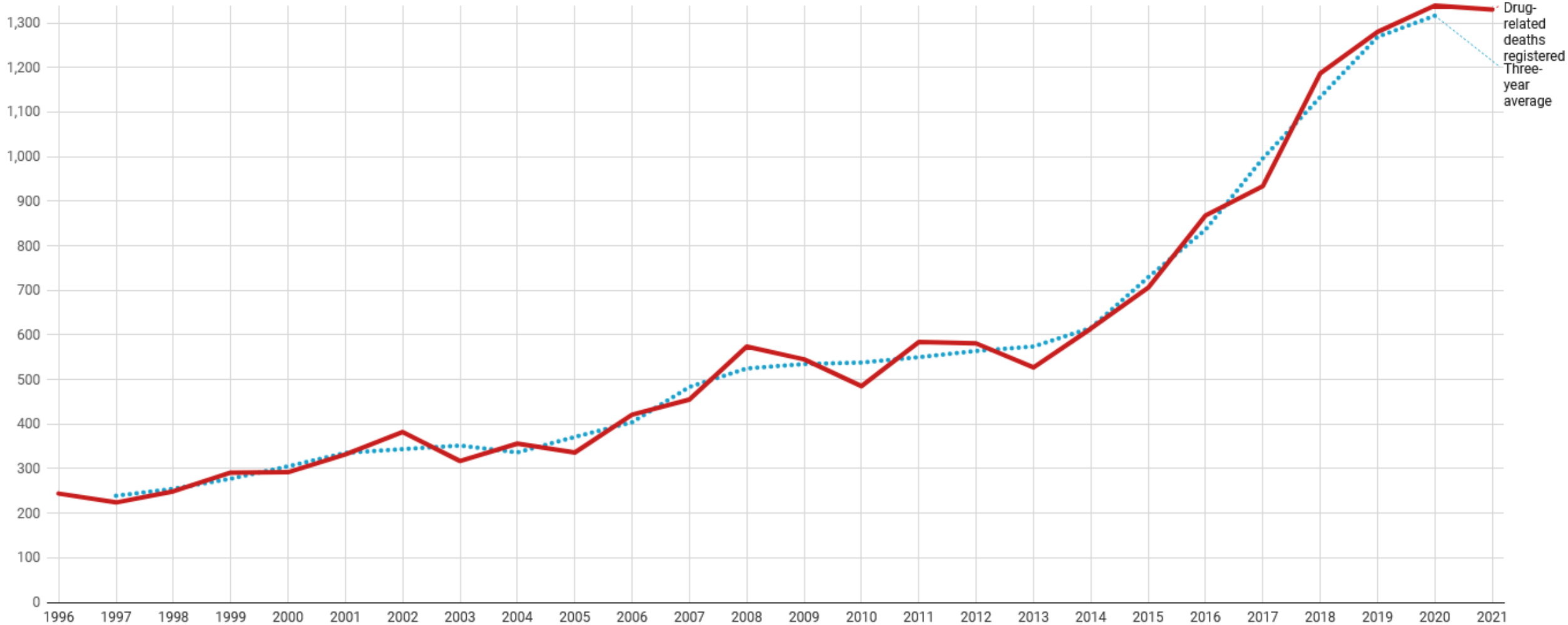


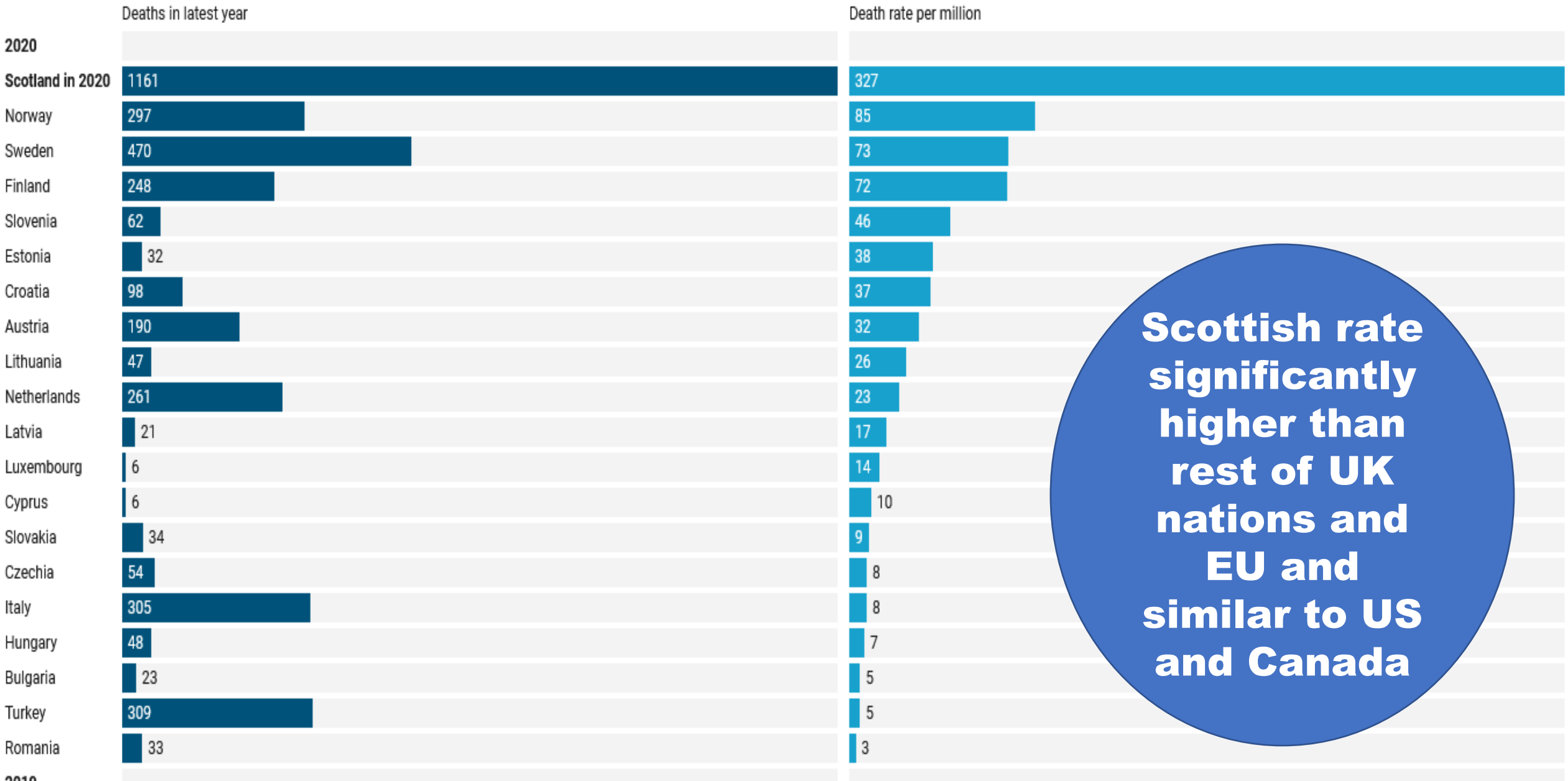
Chart: Herald Scotland (ES) • Source: National Records of Scotland • Created with Datawrapper

Death data: National records of Scotland, 2022

- 1,330 drug deaths in Scotland in 2021 (330 per million).
- Substantial increase over past few decades – x 5+ since 1998.
- 2.4 times more males than females. 65% aged 35 - 54.
- Almost all (93%) polydrug presence - 84% ‘involved’ opioids (e.g. heroin, morphine, methadone). 69% benzodiazepines (e.g. diazepam and etizolam).
- People in most deprived areas 15 times more likely to have a drug death than those in the least deprived (odds increased in past two decades).

European comparison: 'Drug-induced' deaths aged 15-64: reported number and rate per million population

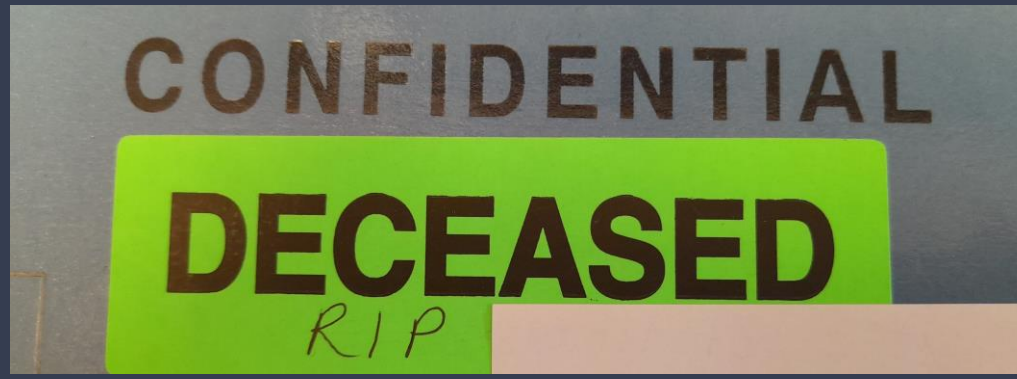
Only counts deaths as defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Comparisons are made based on the latest year available for most European countries. Sorted by year and death rate per million.



Methods & Theoretical Framework

Social Autopsy (SA) analysis traces the lived experience of young people and their interactions with state systems and institutions prior to their death in order to inform policy and practice on DRD prevention.

Analysis informed by social ecology Bronfenbrenner (1977) and risk environments Rhodes (2002).



Young drug deaths

In Highlands area of Scotland - twice the rate of DRD occurred among young people compared to the national average (13% v 7%)

Data = all available health (primary/secondary, general and psychiatric), social work, police and post-mortem records in paper and electronic form.

21 drug-related deaths identified from 2012-2019.

- 18M, 3F.
- Age range 16-25.
- Median age 22.
- Multi-drug toxicity recorded as cause of 13 of the deaths (10 IV use)
- 66% lived in areas of highest deprivation.

Significant cumulative experiences of trauma and adversity

Substance use Polydrug use (90%); early drug use (71%) high risk alcohol use (67%); early alcohol use (62%); IVDU (57%); heroin use (48%)	**Social /structural determinants** Un(der)employment (81%); Physical ill health/injuries (76%); Educational difficulties (57%); Precarious housing /homelessness (48%); Financial stress (48%);
Psychological /psychiatric distress Poor mental health (86%); death of family member/ friend (48%)	**Violence to self** Suicide ideation/attempts/self harm (71%); Non-fatal overdose (57%); experience of violence (67%)
Family/home life Parental separation (57%); care experienced (57%); AOD problems in family (52%); violence in family (48%); parent with mental illness (40%)	**Behaviours** Problems at school (81%); Violence towards others (71%); Anti-social behaviours in youth (62%).
Corrective Systems Contact with criminal justice system (81%); SW/CP/CJSW involvement (62%); Imprisonment/custody (52%).	**Services** Contact/referral to mental health/psychiatric services (62%); Contact/referral to addiction services (52%); Multiple DNAs (52%)

Systems and Structures

Services complex and fragmented

Mismatch between needs & services

Focus on individual motivation for behavioural change; recovery & abstinence

Incapacity to address co-occurring mental health and substance use difficulties

Hard to reach, inflexible system of care – often judgemental & punitive

Archaic and dysfunctional referral system

Onus to self-refer and opt-in – they opted out

Over assessed: under-supported

Over policed: under-protected

Where and how does change need to happen?

- Complex cumulative inter-related unmet needs: mental & physical ill health, poverty, insecure housing, social isolation, criminalisation, stigma, un(under)employment etc.
- Framed as a challenge to the institutions and services they have contact with – education, housing, primary and secondary health services, social work, mental health, addiction services and the criminal justice system.
  - e.g. significant discrepancy between the number of young people (n=13) referred to ‘Drug and Alcohol Recovery Services’ and number seen and treated (n=4); endless communications between services, between services and young people resulting in DNAs and discharges.

Actions for change

- Work with YP ‘where they are at’ – low-threshold harm reduction – assertive outreach – attending to the hierarchy of their needs.
- Involve young people in design and delivery of services.
- Resource and restructure mental health and ‘recovery’ services.
- Address the ‘causes of causes’ – adversities do not arise by chance – outcome of political decisions and policy (non) interventions

? Can drug-deaths be reduced while drug use is criminalised?

Thank you!

Colleagues: Dr Stephanie Govenden, NHS Highland; Frances Matthewson, Highland Alcohol and Drugs Partnership

Funders: Corra Foundation Challenge Fund

Interested in social autopsy /inequalities research?
Please get in contact: aileen.ogorman@uws.ac.uk

sssss

Low threshold drop-in services

Attending to the hierarchy of needs

sssss

sssss

sssss

Complex Systems

- Insufficient and under-resourced health and social services to address complex needs.
  - A minority (under a quarter) of the young people were seen and treated in alcohol and drug services.
  - Over half were advised to 'self-refer' or 'opt-in’ but did not.
- Dysfunctional system: fragmented & inflexible.
  - Hard to reach services
  - X% were discharged for non attendance.
- Focus on quantifying ACEs (adverse childhood experiences)

SSSSS

SSSSS

SSSSS

SSSSS

SSSSS

SSSSS

x

Complex and adverse life experience

Mental health difficulties	**86%**	**Suicide attempts / self harm**	**71%**
Early behavioural/ school difficulties	**81%**	Non-fatal overdose	**57%**
Contact with criminal justice system	**81%**	Housing instability/ homelessness	**48%**
Imprisonment/custody	**52%**	Financial distress	**48%**
Experience of violence	**67%**	Violent behaviour	**71%**
Care experienced /parental separation	**57%**	Social work/child protection involvement	**62%**
Contact referral to drug services	**52%**	Contact/referral to mental health/psychiatric services	**62%**
Multiple DNA appointments	**52%**	Early substance use (≤ 15 years)	**71%**

66% lived in most deprived areas

Key Issues

Systems failure - gaps in services/dysfunctional systems (e.g. referrals); lack of infrastructure to share information

Quality of care - lack of coordination and continuity

Responses framed within a 'recovery paradigm - focus o abstinence over ha reduction

Ethos of care - judgemental and

Austerity - cuts in

People and families w

Key Issues

Systems failure - gaps in services/dysfunctional systems (e.g. referrals); lack of infrastructure to share information

Quality of care - lack of coordination and continuity

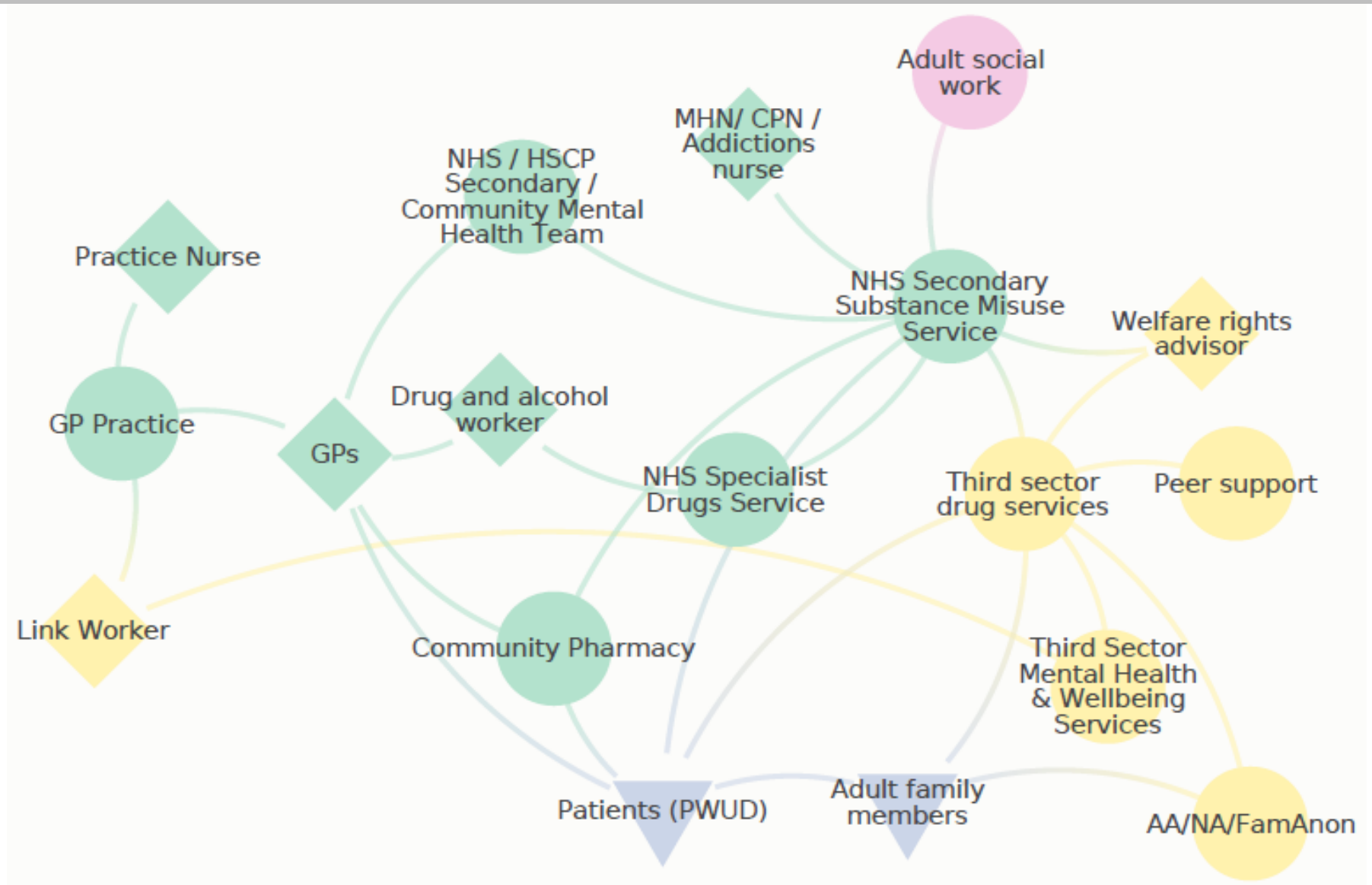
Responses framed within a 'recovery' paradigm - focus on abstinence over harm reduction

Ethos of care - judgemental and punitive (e.g. discharges for non-attendance)

Austerity - cuts in services and in welfare supports for people

People and families who have experienced significant adversity and trauma.

Complex System of 'CARE'



Drug policy futures: need to REFRAME ‘the problem’

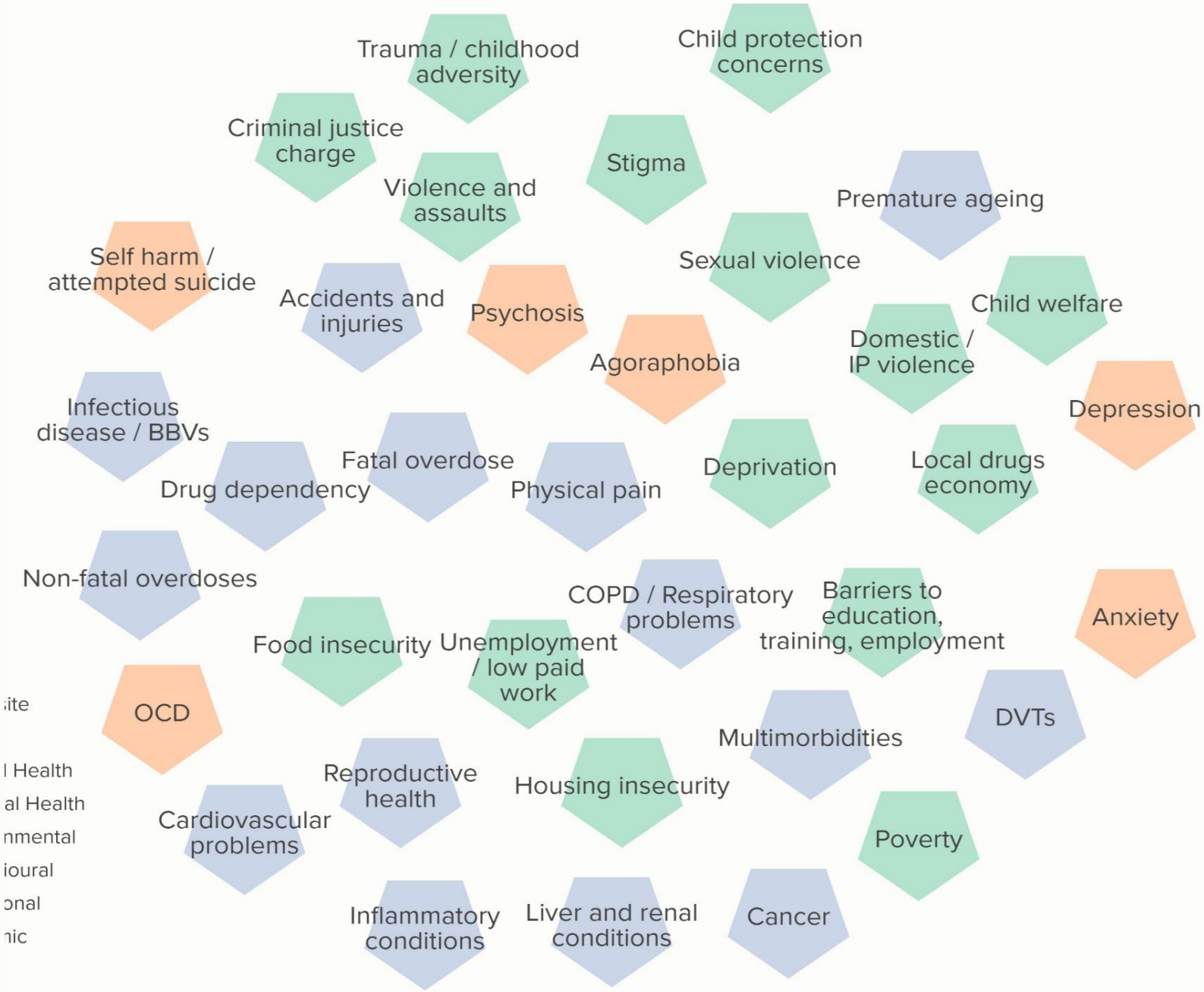
From …

- ‘Problem’ drug use and ‘problem’ drug users
- ‘hard to reach / engage / treat people
- People / cases are too complex
- Drugs implicated in deaths
- Focus on Abstinence / recovery
- Focus on ACEs (adverse childhood experiences)

To …

- *Drug use and people who use drugs*
- *Hard to reach services*
- *Health and care systems too complex*
- *Social autopsy - recognising and addressing the wider context of health and social inequalities, health justice*
- *Harm reduction*

Complex Needs



Scotland has far more drug deaths per capita than any European country.

Number of deaths per million people, latest available data